

Original Communication

Frequency of traumatic lesions alleged by victims of assault during police custody

G. Lorin de la Grandmaison MD *, C. Houssaye MD, N. Bourokba MD,
M. Durigon MD, PhD

Department of Forensic Medicine and Pathology, Raymond Poincaré Hospital, 104, Bd Raymond Poincaré, 92380 Garches, France

Received 15 September 2006; received in revised form 12 December 2006; accepted 13 December 2006

Available online 26 March 2007

Abstract

A retrospective study was undertaken to determine the frequency of traumatic lesions found in individuals alleging police brutality during official custody in the *département* of Hauts-de-Seine, located in the west suburbs of Paris. All medical certificates relating to the examination of 11,653 individuals detained during the year 2004 were analysed. From this population, there were 119 cases where victimized individuals alleged police assault and 245 revealed aggressive police manhandling, as indicated by traces of tight handcuffs. Among the individuals alleging police violence, most of them showed recent traumatic lesions ($n = 91$). The majority of lesions were superficial contusions frequently located in the cervico-cephalic area. All traumatic lesions were compatible with the allegations of police assault. Neurological complications secondary to the application of handcuffs were encountered in less than 2% of the cases. Although no death was recorded in police custody during the period of the study, approximately 5% of the population that had encountered some form of police violence was found to require emergency hospitalization.

© 2007 Elsevier Ltd and FFLM. All rights reserved.

Keywords: Police custody; Police assault; Violence; Injuries

1. Introduction

Allegations of victimization occurring predominantly during police custody and detention frequently arouse suspicions of excessive police brutality. Although there are no official statistics in France reporting on the frequency of police assault, other regulatory organizations appear to have supporting evidence to the contrary. In fact, according to the results based on the 2003 visit to France of the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT),¹ various forms of physical ill treatment at the time of the arrest as well as during police custody were identified. The methodology of the study conducted by the CPT delegation included canvassing victimized individuals in police

custody to confirm the allegations. However, this report did not specify the actual number of individuals in police custody alleging police violence. In order to better determine the reality of this type of violence, we analysed all the certificates of police custody carried out in 2004 by the forensic clinical department of the Raymond Poincaré hospital in Garches (located in the *département* of Hauts-de-Seine) in order to determine the frequency of the traumatic lesions found in potential victims of police brutality.

2. Methods

We made a retrospective descriptive epidemiological study by analysing all the medical certificates established on requisition in 2004 by the physicians of the forensic clinical department at the Raymond Poincaré hospital in Garches. These forensic physicians were required for the medical examination of individuals who were detained in

* Corresponding author. Tel.: +33 1 47 10 76 80; fax: +33 1 47 10 76 83.
E-mail address: g.lorin@rpc.aphp.fr (G. Lorin de la Grandmaison).

the police stations of the *département* of Hauts-de-Seine, located in the west suburbs of Paris (since 1790, France has been divided into 95 metropolitan *départements* and four overseas *départements*). The *département* of Hauts-de-Seine has a population of approximately 1.4 million people. The total population of individuals in police custody examined in 2004 in the *département* of Hauts-de-Seine was equal to 11,653. This population served as a basis to study the frequency of the cases indicating both a painful syndrome due to injury and the presence of recent traumatic lesions that were clinically detectable. Information was provided on the frequency of the cases whose state of health was incompatible with the continuation of the police custody in the buildings of police force. From the examination of medical certificates established on requisition and the confidential medical files attached to each of these certificates, the number of cases alleging police assault, as well as the number of cases showing traces of tight handcuffs, was recorded. For this population of individuals in police custody of presumed victims of police violence, the following data were collected:

- the age, the sex of the individual kept in police custody;
- the period of medical examination (day/night);
- the moment when the traumatic lesions occurred (arrest, period of detention in the buildings of police force);
- the frequency, the type and anatomical distribution of the detectable recent traumatic lesions among the cases alleging police assault;
- the frequency of medical complications secondary to the application of tight handcuffs;
- the frequency of incompatibility with the continuation of the police custody in the buildings of the police station as well as the medical reasons of incompatibility.

3. Results

All of those in the population under analysis could not be medically examined. More specifically, of the whole population examined in 2004 in the *département* of Hauts-de-Seine ($n = 11,653$), 365 cases were not medically evaluated, comprising 3.1% of the total population. 7.3% of the people kept in police custody ($n = 846$) showed a traumatic painful syndrome and 12% of them ($n = 1,426$) showed recent traumatic lesions which were clinically detectable. The state of health was incompatible with the continuation of the police custody in the buildings of police station in 252 cases (2%). 345 cases (about 3%) alleging police violence or showing indirect traumatic traces of police violence were isolated. The average age of this population that was presumed to be victimized was 28 years (13–65 years). Furthermore, the population had a strong male majority, where the gender ratio being equal to 16.25. Most of them were examined during the daytime ($n = 205$, about 60% of the cases). Among the 345 studied cases, 119 alleged police assault and 245 showed traces of

tight handcuffs. Among the 119 individuals in police custody alleging police violence, police assault occurred during the arrest in 60 cases. Among the group showing traces of tight handcuffs, 4 cases showed signs of nervous compression or a partial functional impotence. Concerning the group alleging police violence, 91 showed recent traumatic lesions, 19 showed pains without detectable traumatic lesion and 9 presented neither pains nor traumatic lesions. When traumatic lesions were noted, their distribution was as follows:

- neck and head area: 63 cases;
- trunk: 15 cases;
- upper limbs: 50 cases including 22 cases in connection with the application of excessively tight handcuffs;
- lower limbs: 22 cases.

Concerning the group alleging police violence, the types of traumatic lesions documented were as follows:

- abrasion: 45 cases (37.8%);
- bruise: 51 cases (42.8%);
- hematoma: 22 cases (18.5%);
- laceration: 9 cases (7.5%);
- fracture: 4 cases (3.4%).

All detectable traumatic lesions were found to correlate with the allegations, providing supportive evidence indicating police brutality. In the group of the 345 cases of presumed victims of police brutality, the state of health for 18 individuals in police custody (5.2% of the cases) was found to be incompatible with continued detention within the confines of the police station. The state of health for 10 detained individuals was compatible dependent on the results of a radiological assessment or delayed occurrence of complications (e.g. altered consciousness or agitation).

The medical reasons for incompatibility were as follows:

- trauma of upper or lower limb(s): 12 cases;
- thoracic trauma: 1 case;
- nasal trauma: 2 cases;
- wound of the scalp requiring suture: 1 case;
- agitation state: 2 cases.

4. Discussion

Recent traumatic lesions were frequently encountered in the population of detained individuals (~12%). The aetiology of these traumatic lesions was found to vary often: reciprocal violence during brawls, instigating accident on the public highway while breaking the law, accidental fall in the cell during detainment, lesions of self-mutilation or accessory to suicide attempt in the cell. Within the framework of his/her examination and his/her certificate, the physician must, with the agreement of the person exam-

ined, bring back all the complaints and allegations relating to possible violence. Furthermore, he must describe them in detail and specify if the examined lesions actually correlate with an individual's victimization report.² Our study shows that there is a population alleging police violence for which traumatic lesions are found and compatible with these allegations. According to our results, this population is a minority, representing only approximately 3% of the whole population of individuals detained. The frequency of police brutality however is probably underestimated due to underreporting, especially since all individuals who are victims of this type of violence do not necessarily inform necessarily the physician who examines them. As in the study of Payne-James and Dean,² the majority of the population alleging police assault was male. According to the results of our study, police violence occurs as well in the buildings of police station as during the arrest (~50% of the cases alleging police violence). In the aforementioned cases, information about the conditions of arrest – was the person under the influence of alcohol or drugs, was he trying to flee while evading arrest and hurting himself in the process such as accidental fall, was he injured by parties other than the police, did he injure police officers trying to arrest him – was unfortunately not available. Such information is however very important to know for the forensic physician in order to give a correct interpretation of the traumatic lesions examined. In the same way, the interpretation of such traumatic lesions must take into account the mental state of the person in custody. Indeed, the detainee may present behavioural troubles triggered by the stress of detention, including self-injurious behaviour.³ The detainee may also retract his story of an attack by the police later. None of the traumatic lesions found in this population engaged the vital prognosis, the most serious lesion being a fracture of ankle secondary to a fall which occurred during the arrest. During 2004, it should be noted that no death occurred in police custody in the *département* of Hauts-de-Seine. In fact, in the majority of the cases, the “traumatic lesions” were just superficial contusions. However, the percentage of incompatibility in the population presumed victim of police violence is slightly higher than that of the total population. This statistic may be due to the fact that the physician for identical traumatic lesions is more inclined to send the individual in police custody to the emergency room for medical assessment when he/she is informed of a presumed context of police violence. No case showed traumatic lesions evoking traces of torture, in particular absence of burn traces and absence of traumatic lesions in the area of the external genitals. These findings do not exclude the possibility of cruel and degrading treatments such as humiliations and various forms of vexation comparable to psychological torture. In the studied population, no case showed recent traumatic lesions of delayed appearance during the prolongation of the police custody, which is usually in favour of police violence. Concerning the detainees showing traces of tight handcuffs, the medical complications described in the literature, particu-

larly peripheral neuropathies by nervous compression,^{4–8} are seldom observed. The physician who intervenes during police custody should not support an attack with the physical or mental integrity of a person or with his/her dignity. When examining a person deprived of freedom and if this person underwent maltreatment or ill treatments, the physician, according to medical deontology, must inform the legal authority of such maltreatment or ill treatments with the agreement of the victim. Our study does not specify if the physicians who noted direct or indirect traces of police violence informed the legal authority. One of the reasons of the probable lack of information of the legal authority is due to the fact that the interpretation of wounds in police custody is delicate. It is often very difficult to determine with certainty their exact origin, except in case of obvious torture lesions. Despite these limitations, the intervention of an independent physician in police custody is however an essential element for the prevention of ill treatments. Indeed, the physician is often the first able to detect them. This mission to protect detainees is an integral part of the mission of the physician working with the police. The physician not only intervenes to guarantee the protection of the health of the individual in police custody but also to note possible failures with the protection of the integrity and the respect of the dignity of the person in police custody.

5. Conclusion

According to the results of our study examining the whole population detained by police that were examined by forensic physicians in the *département* of Hauts-de-Seine in 2004, the fact that direct or indirect traumatic traces of police violence are seldom observed may be misleading, considering the correlative evidence from presumed victims matching the allegations. Affirmed by independent regulatory agencies such as CPT, this statistic is true in approximately 3% of the cases, although they are probably underestimated, possibly due to underreporting. When they are present, these lesions are in fact compatible with the allegations of police brutality. However, in the majority of the cases, these allegations only amount to superficial contusions which do not engage the vital prognosis, the percentage of incompatibility being approximately 5% for this population alleging police assault.

References

1. Report to the French Government relative to the visit in France in June 2003 of the Council of Europe's Committee for the prevention of torture and inhuman and degrading treatment or punishment (CPT). Report available on the CPT website: <http://www.cpt.coe.int/documents/fra/2004-06-inf-fra.htm>.
2. Payne-James JJ, Dean PJ. Assault and injury in clinical forensic medical practice. *Med Sci Law* 1994;**34**(3):202–6.
3. McCleave NR, Latham D. Self-injurious behaviour in police custody. *J Clin Forensic Med* 1998;**5**(1):13–26.
4. Levin RA, Felsenthal G. Handcuff neuropathy: two unusual cases. *Arch Phys Med Rehabil* 1984;**65**(1):41–3.

5. Stone DA, Lauren R. Handcuff neuropathies. *Neurology* 1991;**41**(1):145–7.
6. Rogers DJ, Stark MM, Davie M. Medical complications associated with the use of rigid handcuffs: a pilot study. *J Clin Forensic Med* 1998;**5**(1):34–7.
7. Grant AC, Cook AA. A prospective study of handcuff neuropathies. *Muscle Nerve* 2000;**23**(6):933–8.
8. Chariot P, Ragot F, Authier FJ, Questel F, Diamant-Berger O. Focal neurological complications of handcuff application. *J Forensic Sci* 2001;**46**(5):1124–5.